



JIMMY FLOYD FAMILY CENTER
Automated Monthly Agreement
MEMBERSHIP APPLICATION



DATE: _____

MEMBER INFORMATION

PLEASE PRINT

Scan Card #: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE: _____ GENDER: _____

DATE OF BIRTH: _____

EMERGENCY PHONE: _____ CONTACT NAME: _____



EMAIL ADDRESS: _____



ADDITIONAL FAMILY MEMBERS

NAME	D.O.B.	AGE	RELATIONSHIP	SCAN CARD #
1				
2				
3				
4				
5				
6				
7				

MEMBERSHIP TYPE & PAYMENT SCHEDULE

MEMBERSHIP START DATE: _____

MGR Initials: _____

Single Resident

Family Resident

Single Non- Resident

Family Non-Resident

EFT Amount \$ _____ To be taken out on the **1st** or **15th** (please circle one)

I understand that I must make at least **4 monthly payments** before I can cancel my membership with 30 days notice.

Date: _____

MEMBER SIGNATURE _____

Bank Draft information attached

PLEASE READ AND SIGN BELOW

****A family is defined as a husband, wife or legal spouse, child, step- child, or foster child (children 18 years and younger) who are residents of your household. Ages 19-21 and living at the same address must show school/college identification to be included on membership.**

****Must adhere to current JFFC age requirements to enter without an adult.**

The undersigned fully understand and agree that in participating in one or more of the activities or using the facilities that shall be maintained by the Jimmy Floyd Family Center, there is the possibility of accidental or other physical injury. The undersigned further agrees to assume the risk of such injury and further agrees to hold harmless the Jimmy Floyd Family Center, the City of Lebanon, its agents, representatives, successors in interest, employees and assigns by either the undersigned or third parties as a result of the use by the undersigned of the facilities and instruction as offered by the Jimmy Floyd Family Center.

As a condition for acceptance of this agreement/application for membership in the Floyd Family Life Center, the undersigned agrees and promises on behalf of himself and his family members to abide by the safety and other conduct rules of the Center activities. The undersigned acknowledges that he understands that his or his family member's violation of the Center rules, and/or abusive or disruptive behavior toward staff or other patrons may result in the participant being asked to leave the facility. It is further understood and hereby acknowledged that repeat violations can result revocation of membership in the Jimmy Floyd Family Center and cancellation of all Center privileges.

NOTICE TO THE APPLICANT: DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ IT COMPLETELY. YOU ARE ENTITLED TO A COPY OF THE CONTRACT YOU SIGN.

SIGNATURE: _____ DATE: _____

ACTIVATION FEE:

ADDITIONAL CHILD FEE(S):



Date of 1st Monthly Charge: ____/____/____

TOTAL DUE NOW:

Memberships will automatically renew on a month to month basis until cancelled by the member. The JFFC will assess a \$25 fee for all rejected bank account debits. **X** _____

Bank account changes are the sole responsibility of the member. I understand that I must notify the JFFC for any account information changes. **X** _____

In the event we are unable to collect payment electronically, the member will be notified and payment must be made by other means no later than the 20th day of the month in order to maintain membership privileges. **X** _____

If delinquent payments are not paid by the 20th day of the month, member will no longer be eligible for ACH privileges. **X** _____